SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 25
ITEMIZED RECEIPTS	or each category of the	(check only one) X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
MetLife Inc. Employees Pol. Participation Fund A		_
Full Name (Last, First, Middle Initial) Mr. William Toppeta		Date of Receipt
Mailing Address 370 First Avenue		01 31 2007
City State	Zip Code	Transaction ID: A2007-73183
New York NY	10010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		208.33
Name of Employer Metropolitan Life Insuran- ce Co Occupati	on nt Client Services	
Receipt For: Aggrega	ite Year-to-Date ▼	
Primary General Other (specify) ▼	416.66	
Full Name (Last, First, Middle Initial) 3. Lisa M Weber		Date of Receipt
Mailing Address 196 Anderson Avenue		01 12 7 2007
City State	Zip Code	Transaction ID: A2007-23159
Closter NJ	07624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		208.33
Name of Employer Metropolitan Life Insuran- ce Co Occupati Sr. Exe	ion c. Vice President & CAO	
Receipt For: Aggrega	te Year-to-Date ▼	
Primary General Other (specify) ▼	208.33	
Full Name (Last, First, Middle Initial) Lisa M Weber		Date of Receipt
Mailing Address 196 Anderson Avenue		0 1
City State	Zip Code	Transaction ID: A2007-73023
Closter NJ	07624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		208.33
Name of Employer Metropolitan Life Insuran- Occupati	ion c. Vice President & CAO	
<u>cc oo </u>	te Year-to-Date ▼	
Primary General	416.66	
Other (specify) ▼	410.00	
SUBTOTAL of Receipts This Page (optional)	624.99	
TOTAL This Period (last page this line number only)		